CLAIM OF: WILLIAM APPLEGARTH
3085 West Andrews Drive, NW
Atlanta, Georgia 30308

For damages alleged to have been sustained as a result of a series of sewer back ups between March 6, 2000 and March 21, 2000 at 3085 West Andrews Drive, NW.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **WILLIAM APPLEGARTH** the sum of \$1,688.33 in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a series of sewer back ups between March 6, 2000 and March 21, 2000 at 3085 West Andrews Drive, NW as is more particularly set forth in the within claim; said sum taken from and charged to account 2J01/529017/T31001, Settlement of Suits and Claims, Department of Law.

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APPROVED: SUSAN PEASE LANGFORD CITY ATTORNEY

ROSALIND RUBENS NEWELL DEPUTY CITY ATTORNEY

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55 Trinity Avenue,	s.w.		Z- Te	day's Date: They	<u> 200</u> 0
Atlanta, Georgia 30	1335 Jast 5 0	days Sen	rage Mis ag	day's Date: 16mg 9, 16mg of 16	
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Dear Municipal Cla	erkyhe sower a	lapt is by	pass pomping	33	,,,
This is to notify the	City of Atlanta that I h	ave suffered dam	ages in the amount sum of is liable.	18 1,600	operty and for
2 **	bodily injury for which	I contend the City	is liable.	f C A	N 404-
t Data of incident	March 6 19+21.	2000 1 Time 0	Start's long	Sever day & Ca	110 629-013
7. Date of mederal	(month/day/year).	2. I me o	Incident: F Contiving	for hours) Yes	No
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4. Location of meta	ient (including street ad	10 10 do	ps not cover	1	
5. Name of your in:	surance company:	SHACOL	y secretailing	ncy No. 00269 20	79700
6. State what and h	naw incident occurred: 2	with no ra	in tall involved	the sower be	acted up
three time.	TIN SOCCESSIO	m into a	nd overflows	ng our downs	stairs
(not baser	rent) both tob	+ todet.	This warped	4 doors took	d-191pet
tile Cabich	we drand be	tshould ha	or replaced an	d required add	in at
			Ser	one pray + buc	ti flor vale
7. ALL ESTIMAT	ES AND DAMAGES AF	RE SUBJECT TO	INSPECTION. THE MA	iking of false clain	as will
MESOET IN 10	OR CEARIN BEING BE	AND MAI	REGOCT IN CRIMINAL	*	
				ing and attach two (2) esti	mates of
repair and proo	e of ownership of your v	enicie (copy of the	current tag receipt or tit	le).	
Your vehicle:	(Make)	(3/)	/ 7	/D 1	
	•	(Year)	(Tag Number)	(Driver's Name	:)
City vehicle:	CM4713				
00-	(withte)] 3	(City Driver	's Name)	(Department/Burea	iu)
9. Witness:					
	(Name)		(Address)	(Telephone Numb	er)
10. The acknowledg State law, not is	ement of this claim in no s it an admission of liabi	o way waives the s lity on behalf of th	overeign immunity of the se City of Atlanta and / or	City of Atlanta, as grante its employee(s).	d by
 This claim shoul 	d be mailed immediately	y to the address sh	own ahove.	0 1	
I HEREBY SW	EAR OR AFFIRM TUA	AT THE ABOVE	WmitiA	pplegarth	
	N IS TRUE AND CORI		2205 (5)	Print Claimant's Name) And rows or A (Address)	<u></u>
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Signature of Cla	aimant		HICENER	(Address)	४